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PTO/SB/50 (08-00)

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17513 USPTO  
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032204

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	0315-000505/REA
	First Named Inventor	Rajan Rajendran et al.
	Original Patent Number	6,672,846
	Original Patent Issue Date (Month/Day/Year)	1-6-04
	Express Mail Label No.	EV 406 074 775 US (3/22/2004)

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12. <input checked="" type="checkbox"/> Preliminary Amendment	
(If Yes, check applicable box(es))		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		14. <input checked="" type="checkbox"/> Other: Check in the amount of \$1,328.00	
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney			

## 14. CORRESPONDENCE ADDRESS

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Signature	<i>M. Malinza</i>		Date
			March 22, 2004

EV 406 074 775 US

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**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
0315-000505/REA**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 41	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 72	**** 31 * 0	X\$ _____ =		X\$ 18.00=	\$ 558.00
(C) 3		(D) 3		X\$ _____ =		X\$ _____=	
				Basic Fee (37 CFR 1.16(h)) \$ _____		\$ 770.00	
				Total Filing Fee \$ _____		OR \$ 1,328.00	

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	X\$ _____ =	X\$ _____ =		
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____ =	X\$ _____ =		
					Total Additional Fee \$ _____		OR \$ _____	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancelation of claims

\*\*\*\* If "A" is greater than 20, use (B -A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 27 CFR 1.27. Please charge Deposit Account No. 08-0750 in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.  
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,328.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

March 22, 2004

Date

Signature of Applicant, Attorney or Agent of Record

Michael Malinzak

Typed or printed name